

Pilot Certification

Pilot Information:	Aircraft Current In:
Pilot's License Check* _____ Medical Certificate* _____ Date: _____	Make _____
Biennial Flight Review Date _____ Form 5 Date _____	Model: _____
Biennial Mission Check Date _____	N Number: _____
101 Emergency Services Card* _____ Date Expires _____	Make _____
Positions or Duties Qualified For _____	Model: _____
_____	N Number: _____
Montana Aeronautics Qualification: _____	Make _____
	Model: _____
	N Number: _____
* Requires Clearance Officer Initials	

Pilot Certification:

I certify that I am current in accordance with CAPR 60-1 and applicable FAR's. The above data is an accurate portrayal of my status as a CAP Mission Pilot

_____	_____
Pilot Signature	Date

Clearance Officer Release Approval

☐ Cleared to fly CAP Emergency Services Sorties As A Mission Pilot.

_____	_____
Clearance Officer Signature	Date

Remarks